

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$56.00 for date of service 09/27/01.
- b. The request was received on 08/02/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 09/05/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. A letter requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Statement listed in the Table of Disputed Services

"The x-ray billed provided imaging supervision and interpretation. Per TWCC a combination of procedure codes outside of the 7000 series plus codes for the imaging supervision and interpretation contained in the 7000 series shall be billed."
2. Respondent: No response found in the case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/27/01.

MDR: M4-02-4884-01

2. The explanation of denial listed on the EOB is "72100-IS INCIDENTAL TO PROCEDURE CODE-72295. FAIR AND REASONABLE HAS BEEN RECOMMENDED FOR ANESTHESIA SUPPLIES AND PROCEDURE/SUPPLY CHARGES. THEREFORE NO ADDITIONAL ALLOWANCE HAS BEEN RECOMMENDED.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
09/27/01	72100-WP	\$65.00	\$0.00	M,G	\$56.00	MFG R/N (I)(B)(3)(b) CPT & modifier descriptor	"When a physician performs the procedure and provides imaging supervision and interpretation, a combination of procedure codes outside of the 70000 series plus codes for the imaging supervision and interpretation contained in the 70000 series shall be billed." The provider billed in accordance with the MFG. According to the MFG R/N, does not indicate that 72100 is global to 72295 and CPT code 72100-WP does not fall under a fair and reasonable reimbursement. This code has a MAR value. Therefore, reimbursement is recommended in the amount of \$56.00.
Totals		\$65.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$56.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$56.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 9th day of January 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb